)_									
	PATENT A	PP		N FEE DI			ON RECO	ORD	1 '	TO TO	O	CHSS.	
		~		FILED -	_			_		100	CF	<u>G-130.</u>	<u> </u>
		<u> </u>	AIS AS	(Cotumn		(Colu	mn 2)		SMALL EI TYPE [OR	OTHER SMALL	
TOTAL CLAIMS				30		•			RATE	FEE	1	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		l	BASIC FEE	370.00	OR	BASIC FEE	740.0
TO	TAL CHARGEA	BLE	CLAIMS	$\mathcal{Z}_{\mathcal{D}}$ minus 20=		10			X\$ 9=		OR	X\$18=	130
IND	EPENDENT CL	AIM:	s	2 minus 3 =		• ø			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P				RESENT				1	-140-	-		+260=	
• If the difference in column 1 is				less than zero, enter "0"			otumn 2	•	+140=	├	OR		92
- 11									TOTAL	<u> </u>	OR	OTHER	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	SMALL	
NT A	age of the gr	R	CLAIMS EMAINING AFTER IENDMENT	1 (4) (4) 1 (4) (4)	HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FE
AMENDMENT	Total	* /	76	Minus		0	- /	1	X\$ 9=		OR	X\$18=	
ZEN	Independent	•	7	Minus	4	3	-/	1	X42=		OR	X84=	
₹	FIRST PRESENTATION OF M			JLTIPLE DE	PENDEN	T CLAIM]		-		.000	
									+140=	<u> </u>	OR	+280= TOTAL	
									TOTAL ADDIT. FEE		OR	ADDIT. FEE	<u> </u>
		(CLAIMS	P ST WIFE		mn 2) KEST	(Cotumn 3	<u>n</u>		1 4001	•		400
AMENDMENT B	21. 4 4 4. 		EMAINING AFTER MENDMENT	4.4.5	NUA PREVI	ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TION FE
NON N	Total	٠ <u>٠</u>	TAM	Minus			<u> </u>	╛	X\$ 9=		OR	X\$18=	
ME	Independent	• (JUUI -	Minus	***		<u> </u>	4	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
1	المداكرو			•					ADDIT. FEE		OR	ADDIT. FEE	
1	105 D	(0	Column 1)			mn 2)	(Column 3	3)_					
AMENDMENT C	* * * *		CLAIMS EMAINING AFTER MENDMENT		NUA PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADE TION FE
	Total	•	15	Minus	- 3	0	2		X\$ 9=		OR	X\$18≃	
	Independent	•	7	Minus		2	-]	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 			
	If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								+140=		OR	+280= TOTAL	<u> </u>
-	If the "Highest Nu	mbe	Previously P	aid For IN TH aid For IN TH	IS SPACE	is less the	en 20, enter "2 en 3, enter "3.	•	ADDIT. FEE	Ļ	OR	ADDIT. FEE	
	The Highest Nun	nber	Previously Pa	id For (Total	r Indepen	dent) is th	e highest num	iber fo	ound in the ap	propriate bo	at in co	lumn 1.	

FORM PTO-675 (Rev. 8/01)

Patient and Trademark Office, U.S. DEPARTMENT OF COMME